



## BOARD OF PSYCHOLOGY

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(916) 263-2699  
www.psychboard.ca.gov



## PSYCHOLOGICAL ASSISTANT REGISTRATION RENEWAL APPLICATION

**PLEASE DO NOT MAKE NAME OR ADDRESS CHANGES ON THIS FORM**

NAME: \_\_\_\_\_ REGISTRATION #: PSB \_\_\_\_\_

SUPERVISOR: \_\_\_\_\_ LICENSE #: \_\_\_\_\_

EXPIRATION DATE: January 31, 2007

Since you last renewed your registration, have you been convicted of or pled guilty or nolo contendere to any violation of any law of any state, the United States, or a foreign country? You must disclose all misdemeanors and felonies (including but not limited to civil, welfare, health and safety, vehicle, or penal code convictions) and any conviction which has been dismissed under Section 1203.4 of the Penal Code. ( ) Yes ( ) No

***I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.***

Signature \_\_\_\_\_

\_\_\_\_\_ Date

Check the functions which are primarily being performed by the psychological assistant:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Individual therapy    | <input type="checkbox"/> Therapy w/ children          | <input type="checkbox"/> Workers' compensation evaluations |
| <input type="checkbox"/> Group therapy         | <input type="checkbox"/> Hypnosis                     | <input type="checkbox"/> Other: Explain _____              |
| <input type="checkbox"/> Psychological testing | <input type="checkbox"/> Biofeedback                  |  |
| <input type="checkbox"/> Child custody         | <input type="checkbox"/> Administrative clerical work |  |

Check the type of supervision being provided to the psychological assistant and provide the amount of each type of supervision provided:

- ☐ Individual \_\_\_\_\_ hrs/wk    ☐ Group \_\_\_\_\_ hrs/wk    ☐ Other \_\_\_\_\_ hrs/wk: Explain \_\_\_\_\_

List the location(s) at which the psychological assistant provided psychological services:

Name _____	Name _____
Address _____	Address _____
_____	_____

In lieu of submitting documentary evidence of the employer/employee relationship, we do hereby certify that this relationship is that of employer/employee as required by the Laws and Regulations Relating to the Practice of Psychology. We declare under penalty of perjury under the laws of the State of California that the information provided on this form is true and correct. We further declare that the supervisor of the psychological assistant whose signature appears below is employed by the same work setting as the psychological assistant and available to the psychological assistant 100% of the time the psychological assistant is providing psychological services. We further declare that the limited psychological functions performed by the psychological assistant were within his/her education and training as well as the education, training and experience of the supervisor.

Signature of Employee \_\_\_\_\_

\_\_\_\_\_ Date

Signature of Employer \_\_\_\_\_

\_\_\_\_\_ Date

Signature of Supervisor \_\_\_\_\_

\_\_\_\_\_ Date

Return this application to the above address as soon as possible along with the required renewal fee of \$40.00. Please note that an additional \$20.00 delinquent fee will be required if the renewal payment is received thirty days after the expiration date. Upon receipt and review of the above information, your renewal application will be processed. If you have any questions please call (916) 263-2699.